

Book Reviews

Using CBT in General Practice – a 10 Minute Consultation. Lee David. Scion Publishing Ltd. August 2006. 350pp. £24.99. ISBN 978-1-90484-233-0

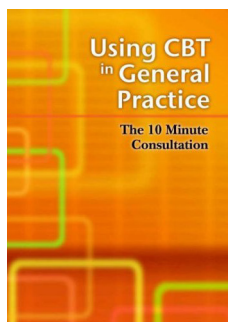
Psychological symptoms are widespread and prevalent in primary care. Overall about one quarter of GP consultations are with patients with mental disorders. Cognitive behaviour therapy (CBT) can offer an effective approach to the management of a wide variety of psychological and emotional disorders. Traditionally CBT has involved a series of one hour sessions with patients. However this book sets out to show that CBT can be applied effectively within the 10 minute primary care consultations and gives GPs a framework to do this. This is particularly apt at present as doctors are being encouraged to use non-therapeutic methods for the management of mild and moderate depression. However, the number of health professionals trained in CBT is limited, although there may be increased provision for CBT in locally enhanced services as part of the new GP contract. From this book it is clear that many of the skills involved in CBT are already being used by general practitioners in routine consultations.

There are plenty of useful tables and figures and every few pages there are key summary points. I have to say that on reading the book it is difficult to imagine CBT fitting into a 10 minute consultation. Advice that patients should receive a written record of the discussion may be helpful, but is also likely to be time consuming for the doctor in surgery or outpatients.

There is a section which covers dealing with heartsink patients, and this primarily focuses on dealing with the negative reactions a doctor may feel towards such a patient. The chapter gives various coping strategies for doctors in this position. The chapter on dealing with depression is very useful. It gives a good background to the aetiology of depression. It questions the approaches that GPs may use to diagnose depression and then covers management including the use of CBT. Sensibly the author recognises that as the availability of CBT is limited a combination of medication and other approaches should be used. There is also a section which covers the use of CBM in physical illness and disability. This primarily concentrates on promoting the patient's independence and enjoyment of life despite the presence of a chronic disease. Many GPs would find this chapter helpful.

Overall I enjoyed reading the book and found it helpful. At times it was a bit repetitive and could perhaps have been a little shorter. After reading this book, even if you are not sold on using cognitive behaviour therapy in consultations, you will have a good awareness of what is involved and this can only be helpful for both the patient and doctor.

Drew Gilliland



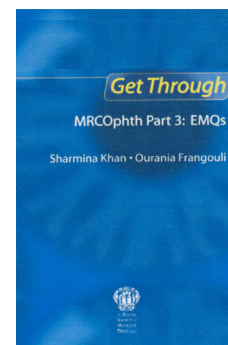
Get Through MRCOphth Part 3: EMQs. Khan S & Frangouli O. Royal Society of Medicine Press Ltd. August 2006. 208pp. £22.50. ISBN: 978-1-85315-609-0

In the world of book publication, like most things, timing is everything. It is unfortunate that we live in such transient times. This book could live or die by the shifting sands of medical training. In Ophthalmology, this has at least one relevant consequence to the success of this book. In two years' time, there will be no more MRCOphth Part 3 exams (according to the Royal College of Ophthalmologists). It will be replaced by the 'better' and more clinical FRCOphth Part 2 Exam. However, every cloud has a silver lining. With limited opportunities left to pass this exam, good books will be at a premium for Ophthalmologists currently caught between two systems.

This book benefits from addressing the current lack of EMQs available to candidates. It is simply a book of exam-based questions that cover the main topics of Ophthalmology. There is a modest section of explanations within the answer section, which serves to educate the reader, rather than simply expose them to themed questions. Unfortunately this section is not particularly extensive, and so limits its appeal to the generalist who may have read the book for the clear clinical scenarios.

In spite of this, the book is detailed enough to hold the attention of junior ophthalmologists studying for clinical exams. The various clinical scenarios used in the questions would also serve as a refresher for those who have passed these hurdles. The authors should be commended for their efforts in meeting the marked demand for exam-specific questions, as the resultant book is a fair reflection of the current format.

David Lockington



Get Through MRCPsych Part 2: Clinical Exam: Long Case Presentations. Sree Prathap Mohana Murthy. Royal Society of Medicine Press Ltd. August 2006. 164pp. £22.50. ISBN: 978-1-85315-684-7

The catchy, confidence-inspiring title of this book reflects what must surely be on the mind of all candidates preparing for the Part 2 clinical examination. It's a marketing ploy, a take on the original 'For Dummies' series, which cleverly avoids the disturbing Freudian slip that the latter title could all too easily lend itself to in that anxious pre-exam period!

The book is a revision tool specifically focused on the 'long case' component of the MRCPsych Part 2 Clinical, and as such is a welcome addition to the literature given the dearth of texts addressing this aspect of the exam. It reads as an

